


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 020 ****61.25

DOCUMENT # N99000004309

1. Entity Name
 SIENA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O GRS MANAGEMENT ASSOCIATES INC
 3900 WOODLAKE BLVD., SUITE 309
 LAKE WORTH, FL 33463

Mailing Address
 C/O GRS MANAGEMENT ASSOCIATES INC
 3900 WOODLAKE BLVD., SUITE 309
 LAKE WORTH, FL 33463

40039107



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0984882

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 ST. JOHN CORE & LEMME, P.A.
 1601 FORUM PLACE, SUITE 701
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name: *Jay Stover P.A.*
 Street Address (P.O. Box Number is Not Acceptable): *3300 PGM Blvd. #530*
 City: *Palm Beach Gardens* FL Zip Code: *33410*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: *2-19-08*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNARIATO, JOE 8284 GRAND MESSINA CIRCLE BOYNTON BEACH, FL 33437 <i>33472</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>33472</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, HERB 8316 GRAND MESSINA CIRCLE BOYNTON BEACH, FL 33487 <i>33472</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>33472</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEHINGER, RHONDA 8309 GRAND MESSINA CIRCLE BOYNTON BEACH, FL 33487 <i>33472</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>33472</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELFMAN, MURRY 8542 ROYAL VERONA CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2VP ROBERT SIMONS 8285 GRAND MESSINA CIRCLE BOYNTON BEACH FL 33472</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD REYNOLDS, ROBERT 8304 GRAND MESSINA CIRCLE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TD ROBERT LOEBEN 8308 GRAND MESSINA CIRCLE BOYNTON BEACH FL 33472</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *2-1-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #